

<b>Case Number:</b>	CM15-0080889		
<b>Date Assigned:</b>	05/01/2015	<b>Date of Injury:</b>	02/28/1997
<b>Decision Date:</b>	06/04/2015	<b>UR Denial Date:</b>	04/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/27/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 67 year old female sustained an industrial injury to the low back on 2/28/97. Recent treatment plan included lumbar radiofrequency ablation and medications. In a progress note dated 3/24/15, the injured worker reported that recent bilateral lumbar radiofrequency ablation provided around 70% relief to her low back pain. The injured worker complained of ongoing myofascial discomfort and sensitivity. The injured worker reported that she had been able to reduce her Norco from 9 per day to 8 per day and had not needed to take any Tramadol. Current diagnoses included bilateral lumbar facet mediated pain, bilateral sacroiliac joint pain with bilateral piriformis syndrome, L1 wedge deformity with marrow edema, myofascial pain and severe de-conditioning. The treatment plan included refilling medications (Norco and Tizanidine) and a course of oral steroids to reduce hypersensitivity from recent ablation.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Tizanidine 4mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66.

**Decision rationale:** The injured worker sustained a work related injury on 2/28/97. The medical records provided indicate the diagnosis of bilateral lumbar facet mediated pain, bilateral sacroiliac joint pain with bilateral piriformis syndrome, L1 wedge deformity with marrow edema, myofascial pain and severe de-conditioning. Treatments have included lumbar radiofrequency ablation and medications. The medical records provided for review do not indicate a medical necessity for Tizanidine 4mg #120. Tizanidine is a muscle relaxant. The MTUS recommends the use of the non-sedating muscle relaxants with caution as an option for the short term treatment of acute exacerbation of chronic low back pain. Due to the risk of liver damage, the MTUS recommends monitoring liver function at baseline, 1, 3, and 6 months). When an individual is placed on Tizanidine. The Medical records indicate the injured worker has been taking this medication since 2013. The request is not medically necessary.

**Medrol Dosepak:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disabilities Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Oral corticosteroids.

**Decision rationale:** The injured worker sustained a work related injury on 2/28/97. The medical records provided indicate the diagnosis of bilateral lumbar facet mediated pain, bilateral sacroiliac joint pain with bilateral piriformis syndrome, L1 wedge deformity with marrow edema, myofascial pain and severe de-conditioning. Treatments have included lumbar radiofrequency ablation and medications. The medical records provided for review do not indicate a medical necessity for Medrol Dosepak. Medrol dosepak is a steroid. The MTUS is silent on it, but the Official Disability Guidelines recommends against the use of Oral Steroids for chronic pain except for Polymyalgia rheumatica (PMR). The request is not medically necessary.